UNITED
NATIONS

DP

Governing Council
of the
United Nations
Development Programme

Dist.
GENERAL

DP/FPA/CP/86
20 March 1991

ORIGINAL: ENGLISH

Thirty-eighth session
3 - 21 June 1991, New York
Item 6 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROGRAMMES AND PROJECTS

Recommendations by the Executive Director
Assistance to the Government of India
Support for a Comprehensive Population Programme

Proposed UNFPA assistance:	$90 million, of which $70 million would be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $20 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA will seek to cover the shortfall from other sources, including multi-bilateral sources.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1991
Executing agencies:	Government of India International Labour Organisation (ILO) United Nations Population Fund (UNFPA) National and International NGOs
Government co-ordinating agencies:	Ministry of Health and Family Welfare Ministry of Labour Ministry of Human Resources Development Ministry of Social Welfare

/...

91-09032

INDIA

Demographic facts

Population Total (000)	
Total	853,373
Males	441,044
Females	412,328
Sex ratio (/100 females)	107.0
Urban	238,946
Rural	614,427
Per cent urban	28.0
Population in year 2000 (000)	1,042,530
Functional age groups (%)	
Young child: 0-4	13.4
Child: 5-14	23.1
Youth: 15-24	19.4
Elderly: 60+	7.1
65+	4.5
Women: 15-49	23.7
Median age (years)	21.8
Dependency ratios: total	69.5
(/100) Aged 0-14	61.8
Aged 65+	7.6
Agricultural population density (/hectare of arable land)	3.13
Population density (/sq. km.)	260
Average annual change (000)	
Population increase	18,791
Births	27,959
Deaths	9,168
Net migration	0
Annual population total (% growth)	2.09
Urban	4.07
Rural	1.26
Crude birth rate (/1000)	31.1
Crude death rate (/1000)	10.2
Net migration rate (/1000)	0
Total fertility rate (/woman)	4.1
Gross reproduction rate (/woman)	2.0
Net reproduction rate (/woman)	1.65
Infant mortality rate (/1000)	88
Life expectancy at birth (years)	
Males	60.1
Females	60.7
Both sexes	60.4
GNP per capita (U.S. dollars, 1988)	340

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national production per capita: World Bank, World Development Report 1990. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1988.

/...

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive programme in the amount of $90 million, of which $70 million would be committed from UNFPA's regular resources over a five-year period, starting January 1991, to assist the Government of India in achieving its population and development objectives. If UNFPA's funding situation permits, the balance of up to $20 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources.

2. The proposed programme has been designed to complement the Government of India's Revised Strategy for National Family Welfare (1986) and the development plan document for the eighth five-year plan. It is based on the results of the Programme Review and Strategy Development (PRSD) mission that visited India in August-September 1990, as well as on a recently completed UNFPA-organized study of the population programmes of four South Asian countries, including India. The programme's profile was determined in consultation with senior officials of the Ministry of Health and Family Welfare, as well as with representatives from other United Nations agencies, universities, institutes, non-governmental organizations (NGOs), and bilateral donors active in population activities in India. The new programme is designed to coincide with the Government's eighth five-year development plan (April 1991-March 1996) and with the fourth programme cycles of the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF), both of which are partner agencies of the Joint Consultative Group on Policy (JCGP).

3. The population goal of the Government is to regulate population growth through a voluntary family welfare programme and to achieve a net reproduction rate of 1 by the year 2000 and zero population growth by the year 2050. Short-term targets set forth in the eighth five-year plan include: (a) increasing the contraceptive prevalence rate from 43.3 per cent in 1990 to 53 per cent by 1995; (b) reducing the crude birth rate from 30.5 per cent in 1990 to 26.7 per cent by 1995; (c) reducing the crude death rate from 10.2 per 1,000 in 1990 to 9.3 by 1995; and (d) reducing infant mortality from 91 per 1,000 live births to 80 per 1,000 live births by 1995. The population growth rate is targeted to drop from 2.03 per cent in 1990 to 1.76 per cent by 1995.

4. The broad objectives of the proposed UNFPA programme would be to assist the Government in: (a) improving programme co-ordination, implementation and evaluation at the state and community levels; (b) upgrading the service-delivery capacity of the health and family welfare network in states with high birth and death rates, high infant mortality rates, and other low human development indicators,[1] while improving the rate of utilization and quality of services provided in those states; (c) increasing the country's self-reliance in contraceptive production while improving quality control of these contraceptives; (d) developing service models for maternal health care for care by traditional birth attendants (TBAs), for contraceptive services and for community involvement; (e) developing a national communication strategy and strengthening the communication component of the national population programme; (f) intensifying information and awareness creation activities, (g) consolidating the progress achieved in population education, both in and out of schools; and (h) enhancing women's status by improving female literacy, promoting employment opportunities and income-generating activities in certain specified areas.

---

[1]For an in-depth discussion of "human development indicators" see the UNDP's Human Development Report (New York: Oxford University Press, 1990).

5. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para. 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para. 14 (f)).

II. BACKGROUND

6. With a population of 853 million (1990), India is the second most populous country in the world. At the current growth rate of 2.09 per cent, adding some 19 million people annually, the population is likely to exceed 1 billion by the year 2000. Such an increase would have very serious social, economic and environmental consequences, undermining progress made in development and further deteriorating the livelihood of the 322 million people who already live below the poverty level. The urgent need to moderate population growth is demonstrated by the fact that although the country occupies only 2.4 per cent of the world's land area, it has more than 15 per cent of the total world population.

7. India's demographic history follows a pattern characteristic of many developing countries. According to United Nations figures, during the last century the population remained stationary, with birth and death rates of over 45 per 1,000. Death rates declined from about 36 per 1,000 in the 1920s to around 20 per 1,000 by the 1960s and to 10.2 per 1,000 at present. Birth rates remained constant at around 42-45 per 1,000 until the 1960s, declining to about 33.2 in the 1980s to reach the current level of 31.1 per 1,000. Annual population growth rose from about 1 per cent in the 1920s to a peak of 2.5 per cent in the period 1960-1965 and now stands at 2.09 per cent, at which rate the population will double in 34 years, making India the most populous country in the world at that time. According to United Nations projections, the population will reach 1.445 billion by the year 2025, some 145 million more than the Government's target of 1.3 billion by the year 2050.

8. India has the distinction of being the first developing country to have started a national population programme. In 1952, a Population Policy Committee was appointed under the Ministry of Planning to introduce family planning in the first five-year plan (1951-1956). The Committee formulated a policy for reducing birth rates "to the extent necessary to stabilize the population at a level consistent with the requirements of the national economy". The programme was initially modest, employing a primarily clinical approach, but expanded steadily into a concerted national effort to control population growth following the publication of the results of the 1961 decennial census. In 1966, the Government established a full-fledged Department of Family Planning within the Ministry of Health, with the goal of reducing the birth rate from 41 to 25 per 1,000 in 10 years. A community-centred approach was also adopted at that time. In the mid-1970s, under the direction of the Ministry of Health and Family Welfare, family planning was fully integrated with primary health care and with maternal and child health and nutrition services. Multi-purpose health workers were trained to deliver family planning services, an approach that has been followed to the present time. Annual allocations, expenditures, development of physical infrastructure and facilities, and the numbers of family planning personnel all have grown steadily to make India's population programme the largest and most complex in the world.

9. Since the beginning, the government programme has established specific demographic targets, in particular, for fertility levels and the number of couples protected by family planning methods. Consequently, performance has been evaluated in terms of programme impact on the reduction of birth rates. Based, since its inception, on the principle of a "cafeteria approach", couples have been provided a wide range of methods from which to choose. In actual practice, however, the government programme has tended to concentrate on sterilization and has offered a variety of incentives to both acceptors and programme officials for the achievement of sterilization targets.

10. According to official statistics, the programme has been extremely successful. Contraceptive prevalence is reported to have risen from 4.1 per cent in 1967 to 43.3 per cent in 1990. However, the nearly 100 per cent increase recorded between 1977 and 1990 is not consistent with the small decline in crude birth rates recorded during the same period. The main reason for this inconsistency is the over-estimation of contraceptive users, based in part on officials' over-reporting to meet targets. Some indicators in fact suggest that crude birth rates may actually have been higher than had been estimated. These include, among others, changes in the age-sex distribution of the population, a reduction in breastfeeding and an insufficient increase in the use of temporary contraceptive methods.

11. Over the years, planners have come to realize that efforts to change people's attitudes towards smaller families require a more comprehensive and balanced approach. This is reflected in the Revised Strategy for National Family Welfare of 1986, which places family planning in the wider context of health and family welfare. A primary concern of the strategy is the relationship between the status of women and level of fertility. It therefore focuses on measures to: improve female literacy, education, employment and income; enhance women's participation in family and community decision making; improve women's health and welfare; and raise the age of marriage and delay the birth of the first child. Other key concerns of the strategy include: (a) child survival, through improved mother and child health, and child spacing to improve health prospects for children already born; (b) streamlining of the entire programme and integration of the efforts of concerned developmental agencies; and (c) elevation of the family welfare programme to a genuine voluntary people's movement. The Government is firmly committed to planned population growth and a voluntary family welfare programme fully integrated with health concerns.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. External assistance constitutes a relatively modest proportion of the Government's health and family welfare budget. During 1987-1988, for example, such assistance amounted to $44 million, or about 12 per cent of total expenditures for activities in the health and family welfare sector. UNFPA first provided assistance in 1974, channelling $46 million through a five-year country programme for such activities as family planning facilities, supply and production of contraceptives, and training for traditional birth attendants (TBAs), multi-purpose workers and female health workers. Most of the $63 million in assistance in the Fund's second country programme (1980-1984) went for constructing and staffing primary health centres and subcentres and for supplying contraceptives. UNFPA's third country programme (1986-1990) provided $63.8 million for area development projects in three states (Rajasthan, Maharashtra and Himachal Pradesh), contraceptive supplies, population education, and family welfare activities in the organized sector.

Maternal-and child health and family planning

13. Expenditure in the field of maternal and child health and family planning (MCH/FP) included support to area development projects in states with the lowest health, social and family planning indicators

in India, namely Bihar (from 1980 to 1985), Rajasthan (starting 1980 and continuing), and in Maharashtra and Himachal Pradesh (starting 1990). Based on a model plan developed by the Government, the activities have helped to establish primary health centres and sub-centres, provide contraceptive and medical supplies and medical equipment, strengthen management and health training, intensify information, education and communication (IEC) activities and train IEC personnel, and provide support for salaries and research. An evaluation in 1984 revealed a number of problems connected with staffing and construction of facilities. MCH/FP service delivery was particularly disappointing in Bihar. The PRSD mission (1990), although supportive of the area development approach, identified constraints needing attention and improvement in all three ongoing programmes. These included insufficient community involvement, lack of excellence in quality of services and in construction, insufficient technical backstopping and cumbersome reporting procedures.

14. UNFPA has played an important role in meeting India's contraceptive needs, importing large amounts of supplies, facilitating the establishment of local production of condoms and IUDs, and providing raw material for oral pills as well as medical equipment for surgical contraception. Between 1975 and 1990, UNFPA allocated over $66 million for these purposes. Additional funds have been provided to support quality control of locally-manufactured IUDs and tubal rings, a review of the contraceptive distribution system, a concurrent evaluation of the family welfare programme nationwide, and monitoring of the sterilization programme in selected districts in two states. Noting the availability of local resources for manufacture of contraceptives, the PRSD Mission recommended that greater attention should be paid to building local production capacity.

Information, education and communication

15. The other most important area of UNFPA assistance to India has been population education and IEC activities in the organized labour sector. Since 1981, UNFPA-funded education programmes have been introducing population material into the curricula of schools and universities, and at a later date into vocational institutions. UNFPA support has also been used to train teachers, and produce population education materials. There have been notable achievements in these projects, despite the failure to reach large numbers of school drop-outs and the need for adequate out-of-school population programmes. Ten projects (executed by ILO) have been supporting family welfare activities in the organized labour sector, which includes 25 million people and 15 per cent of the country's total target-couple population. The projects have a predominant population education component, with training and family planning motivational activities. They are also increasingly reaching beyond the employee communities to include broader segments of the population. These activities have been quite successful in creating demand for contraception because communication messages and services can be delivered efficiently in the organized labour section of the population. A shortfall has been, however, the difficulty in managing these schemes.

Other sectors

16. The concentration of UNFPA assistance in the sectors mentioned above has left limited resources for other areas, although various projects under MCH/FP and IEC include a number of multi-sectoral activities. Human resource development has been given special attention in order to improve the quality of medical staff in sterilization, recanalization and programme management. In the context of the area development projects, technical skills of various categories of health and family welfare workers have been continuously upgraded. With UNFPA support, overseas study tours have been organized for senior officials to familiarize them with programmes in other countries and to encourage their participation in conferences

and international meetings. Women's concerns could only be introduced into UNFPA's third country programme in its closing years. Specific activities directed to women included a family welfare programme for working women in urban slums of Madras, income-generating, health and nutrition activities in a sericulture programme with the United Nations Development Fund for Women (UNIFEM) and the World Food Programme (WFP) in Rajasthan, a mass-media activity with UNIFEM to promote gender issues in the 1991 decennial census, and a Safe Motherhood exhibition. Components to enhance women's skills and income-generating capacities were also built into some of the area activities.

Other external assistance

17. The main donors providing assistance to population activities in India in addition to UNFPA are the World Bank, UNICEF, the World Health Organization (WHO), the United States Agency for International Development (USAID), the Norwegian Agency for International Development (NORAD) the Danish International Development Agency (DANIDA) and the Overseas Development Agency (ODA) of the United Kingdom. Donor assistance has been primarily channelled to finance area projects in selected districts of various states. This assistance has been largely financial in nature, making use of the vast pool of locally available human resources and supplementing government funding. While such assistance has been successful in addressing key issues, it has been disproportionately utilized for the development of infrastructure and expansion of services.

18. In addition, the World Bank supports a large training effort for health personnel and a family welfare programme for low-income families of Bombay, Madras and Chingleput. UNICEF supports immunization and integrated child development services in rural areas and urban slums, as well as activities to improve maternal health and enhance women's status. WHO has funded research under its Special Programme of Research, Development and Research Training in Human Reproduction and has provided fellowships, medical equipment and supplies. USAID is involved in IEC activities and training in selected northern districts, the supply of IUDs, a child survival and health project, the social marketing of contraceptives and support to NGOs. NORAD provides assistance to the All-India Post-Partum Programme, which extends family planning to women utilizing maternity services at hospitals. DANIDA assists the MCH/FP activities of the Christian Medical Association of India. ODA has funded five social infrastructure projects in the State of Andhra Pradesh.

IV. PROPOSED PROGRAMME

19. The Government of India has earmarked $5.3 billion for family welfare programmes under its eighth development plan. While this allocation is substantial, it is relatively modest in relation to the overall needs of the country and of this sector. The figure includes external assistance, which in the past has contributed approximately 12 per cent of the annual health and family welfare expenditures. While there is growing interest in the donor community for integrated multi-sectoral activities, especially in the women and development field, there are also donors who are moving out of direct population assistance. An important UNFPA future role would be to ensure that assistance to this key component of development is maintained and enhanced, whether through UNFPA's own resources or through other sources.

20. The overall objectives of the proposed programme are outlined in paragraph 4 above. While fully endorsing the Government's strategy for family welfare as the basis for programming future population activities in India, the PRSD mission did recommend some adjustments in certain areas. These include, inter alia: (a) placing less emphasis on targets, in order to avoid the over-estimation and manipulation of

data by units and individuals and the sacrificing of quality of services for quantity; (b) shifting away from a reliance on surgical contraception by creating demand for a wider range of temporary methods for younger, low-parity couples; (c) re-assessing communication needs and programmes for the different target populations in order to facilitate the formulation of a comprehensive communication strategy; (d) ensuring that family planning is effectively integrated into the wider context of health and other socio-economic interventions; (e) promoting a community-based approach to generate local participation in the programme; (f) making greater use of NGOs to launch innovative programmes, especially those able to motivate community support; (g) creating a national policy co-ordinating body and functional agencies at the state and district levels; (h) increasing the involvement of the many research and training institutions already available in the country; and (i) creating a nation-wide computer-based network of population information.

Maternal and child health and family planning

21. UNFPA would provide $50.8 million from its regular resources to the MCH/FP sector, of which $39.8 million would be used for continued support to the Rajasthan, Maharashtra and Himachal Pradesh area development efforts in recognition of the value of the area development programme strategy in particularly backward regions. Activities pursued within the area development approach would focus on improving maternal health, safe motherhood, child survival, community participation, training for TBAs, increasing the involvement of NGOs, making greater use of health sub-centres, marketing contraceptives through the private sector, developing technical and management capabilities, and strengthening communication and information systems. In line with the PRSD mission recommendation, the programme would place less emphasis on building up infrastructure and give more attention to improving the quality and extending the outreach of services. To achieve these results, the programme would establish centres to train in surgical contraception and recanalization, monitor such surgical procedures and promote family welfare activities in low-acceptance areas in the State of Maharashtra and among the tea estates of West Bengal. These latter activities, started under the previous country programme, would require $2 million for completion under the fourth cycle.

22. Although the need for provision of different kinds of contraceptives has been voiced in India since the 1950s, sterilization accounts for more than three-fourths of all contraception. The strategy for achieving a true "cafeteria approach" and for providing temporary methods for younger couples desiring child spacing includes local production of a wider range of contraceptives. The PRSD mission recommended expanding the production and use of condoms and pills, enhancing IUD production capabilities, and possibly introducing and producing NORPLANT (sub-dermal contraceptive implants) and injectables. Under the proposed country programme, UNFPA would provide $5 million to enhance quality control, improve the capacity to package condoms, import raw materials to make tablets and package oral pills locally and import injectables, rings and other newer contraceptives for introductory trials and research. An additional $4.3 million would be sought from other sources, including multi-bilateral sources, for research programmes and the establishment of a NORPLANT production facility. UNFPA would also provide $1.3 million for the commissioning of the IUD manufacturing facility in Trivandrum.

23. Support to NGOs would be another priority area of the programme. The PRSD mission observed that the energies of NGOs have not been harnessed effectively in demand creation and service delivery of MCH/FP, and it recommended that NGOs be encouraged to play a role in mobilizing community participation. UNFPA assistance would include support to various types of NGOs and support for the creation and institutionalization of an NGO trust fund or apex body to channel grants and revolving funds to well-established NGOs and networks of NGOs. In addition to studies carried out under the area

development activities, funds would be made available for research work and pilot efforts to explore new approaches to MCH/FP, with women's health being the main focus. Under the fourth country programme, $2.7 million would be proposed from UNFPA funds and an additional $3.5 million would be sought from other sources, including multi-bilateral sources, for the implementation of activities under this category.

Information, education and communication

24. UNFPA-supported population education activities in India would continue to focus on integrating population education into the school and university system, as well as into the curricula of vocational institutions, the organized labour sector, and adult education. In line with the PRSD mission recommendations, female literacy and adult education would be given particular attention, as school drop-outs or those who never go to school represent a substantial portion of the population. UNFPA would provide $9.23 million for the activities in this sector; an additional $3.6 million would be sought from other sources, including multi-bilateral sources. Of this amount, $3.8 million would be provided to expand ongoing programmes. The remainder would be extended on new activities in population education,including: (a) work in selected community education centres to develop suitable education materials, train teachers, evaluate performance, and discourage early school drop-out; (b) production of high-quality teaching materials dealing with population issues; (c) revision of current curricula to relate the study of population to students' interests, gender issues, and the environment; (d) strengthening of population education in area development projects; and (e) establishment of linkages between population education and the mass media.

25. In the organized labour sector adult education would focus on promoting population awareness and creating demand for family planning services. At the same time, activities would focus on strengthening the self-reliance of national institutions in programme implementation, management and monitoring. UNFPA assistance would also be used to introduce innovative population education approaches, utilizing non-governmental and voluntary organizations to implement them, and to continue support to the Directorate-General of Employment and Training of the Ministry of Labour in its programme to establish population education in the curriculum of vocational training institutions. UNFPA would support the further development of plans of action for the family welfare programmes of various occupational sectors.

26. Although India has a highly developed modern communications system, with extensive nation-wide coverage by the television and radio broadcasting networks and the print media, population communication efforts in the family welfare programme have not been sufficiently effective and focused. Population messages are usually not tested in the field and are often not oriented to target audiences. On the other hand, the use of traditional and folk media has been quite successful. As recommended by the PRSD mission, UNFPA would give priority attention in this area to the development of a comprehensive communication approach and, specifically, to related socio-cultural research. The innovative use of media, including folk and drama production, and counselling would constitute part of the same strategy. UNFPA would provide $1.08 million for activities to help develop an effective population communications system in India.

27. There are many research, training and policy-oriented institutions in the population field in India, many of which are internationally recognized for their excellence. However, their potential is not being fully tapped and could be gainfully utilized to increase awareness of population issues and the relationship between population variables and development. Technical capabilities are available locally, and a pilot management information system (MIS) is being tested in some of the area development programmes. As recommended by the PRSD mission, UNFPA proposes $800,000 to establish among these institutions a computer-based

network for the production, exchange, and dissemination of population information nation-wide. This initial sum would set up population information centres (PICs) in eight of these instituions.

Population policy formulation

28. Up-to-date, reliable information on the status, role and performance of existing health and family welfare programmes is limited. UNFPA recently started providing support for the evaluation of programmes and activities of 19 districts in 17 Indian states, using stratified random sampling procedures. UNFPA proposes to provide $3.2 million to continue this important activity. An additional $400,000 is needed to carry out research on various population and related concerns such as the environment, urbanization, women's concerns and AIDs and to facilitate the integration of the findings into development plans and programmes.

Population dynamics

29. India is rich in demographic data and has long years of experience in undertaking censuses on a regular basis. The capacity to utilize these data for analytical investigations, estimates and projections, monitoring and assessment of population programme performance is, however, still inadequate. With UNFPA support, the Government proposes to analyse certain data collected under the 1991 population and housing census and to produce a series of census monographs that will be extremely useful for programme planning, management and evaluation. This work will be undertaken by the Department of Statistics. UNFPA proposes $250,000 for this purpose.

Women, population and development

30. The Revised Strategy for the National Family Welfare Programme (1986) states that people are the nation's most precious resources and that emphasis should be placed not on controlling numbers, but rather on seeking to develop human resources. The Government recognizes that women are the cornerstone of change, especially with regard to family planning. In line with this government pronouncement, the PRSD mission recommended that programmes promoting the socio-economic condition of women should be an important part of the strategy of UNFPA proposed programme. The mission identified the following areas of action: (a) sensitizing government officials and planners about the importance of the role of women in society and in development; (b) heightening female literacy, particularly through activities to encourage girls to stay in school and to involve women in adult education; (c) increasing women's access to family planning information and services; (d) encouraging child spacing and postponing the birth of the first child; and (e) promoting employment and income opportunities. Under the proposed programme, $2.3 million would be provided from UNFPA resources and $1 million would be sought from other sources, including multi-bilateral sources, for: (a) activities emphasizing health care, family planning and income generation for working women in urban slums of Madras and for tribal Santhal and Andhra Pradesh women; and (b) innovative activities aimed to sensitizing doctors and health workers to the special needs of women, changing attitudes among different social classes, training trainers in gender issues, creating revolving credit schemes for women in and around their homes, and undertaking special studies such as the linkage between security in old age and early fertility behaviour.

Multi-sectoral programmes

31. UNFPA proposes to spend $500,000 for multi-sectoral programmes that would include: (a) short-term overseas fellowships and study tours of official and technical personnel for participation in specific

population-related workshops, seminars, conferences and orientation tours; and (b) regional technical exchanges as a follow-up to the UNFPA-sponsored South Asia Study. An additional $250,000 would also be provided for an umbrella project to facilitate development and monitoring of UNFPA projects. The major multi-sectoral programme envisaged under the fourth country programme would be an integrated women's programme in the northern State of Haryana, where social conditions pose a major challenge to women's development. This would be undertaken in collaboration with other United Nations agencies and other multi-bilateral donors. Haryana is seen as an important test field because, although it has achieved impressive economic progress, human development indicators are among the lowest in the country. The aim would be to improve prospects for a better and more socially productive life with activities aimed at keeping girls in school, motivating parents and the community to place higher value on women's education, providing skills training and income-generating activities linked with education, expanding non-formal education opportunities and enhancing childhood care. UNFPA's contribution of $2 million would cover all preliminary studies, a situational analysis and implementation of specific activities. An additional $7.6 million would be sought from other sources, including multi-bilateral sources.

Programme reserve

32. An amount of $1.07 million would be held in reserve for needs that may arise during the implementation of the programme. Among the activities being considered are the establishment of a national population commission and the provision of technical support to the Ministry of Health and Family Welfare for programme management.

Programme co-ordination

33. The Ministry of Health and Family Welfare is the Government coordinating body for the national health and welfare programme. The national population commission, if established, would further ensure that the programme reflects a multi-sectoral approach and that joint programming is undertaken with all other concerned ministries and organizations. UNFPA remains closely associated with this development and would ensure promotion of concerted efforts with other donors in the field of population. For example, the new programme is designed to coincide with the Government's eighth five-year development plan, and with the programme cycles of UNDP and UNICEF, partners with UNFPA in the Joint Consultative Group on Policy. The programme includes several collaborative activites with UNDP, UNICEF and others.

Programme monitoring, evaluation and management

34. Mechanisms for periodic monitoring and evaluation, including regular technical reviews, would be built into each programme component. A number of major projects would be selected for in-depth evaluation, and a mid-term review of the UNFPA country programme is envisaged for 1993. The proposed fourth country programme would be managed by the UNFPA Country Director under the general supervision of the UNFPA Representative. The UNFPA Country Director is now assisted by one International Programme Officer, one National Programme Officer, one Junior Professional Officer and other support staff.

Financial summary

35. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $90 million, of which $70 million would be committed from UNFPA's regular resources. If UNFPA's funding situation permits, the balance of up to $20 million may be provided by UNFPA. If and to the extent this is not possible, UNFPA would seek to cover the shortfall from other sources, including multi-bilateral sources. The following table depicts how the programme areas would accommodate these two levels of funding:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	50,800,000	7,800,000	58,600,000
Information, education and communication	9,230,000	3,600,000	12,830,000
Population policy formulation	3,600,000	--	3,600,000
Population dynamics	250,000	--	250,000
Women, population and development	2,300,000	1,000,000	3,300,000
Multi-sectoral activities	2,750,000	7,600,000	10,350,000
Programme reserve	1,070,000	--	1,070,000
TOTAL	70,000,000	20,000,000	90,000,000

V. RECOMMENDATION

36. The Executive Director recommends that the Governing Council:

(a) Approve the programme for India in the amount of $90 million for the five-year period 1991-1995;

(b) Authorize the Executive Director to commit an amount of $70 million from UNFPA's regular resources;

(c) Further authorize the Executive Director to provide the remaining balance of up to $20 million from UNFPA regular resources, if UNFPA funding situation permits. If and to the extent this is not possible, further authorize the Executive Director to seek to cover the shortfall from other sources, including multi-bilateral sources.

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of India and with the executing agencies.